



NATIONAL ALLIANCE OF LIFE COMPANIES

An Association of Life and Health Insurance Companies

APPLICATION FOR REGULAR MEMBERSHIP

Please enclose a check payable to the National Alliance of Life Companies (NALC) with your application.

REGULAR MEMBERS: Regular members shall include any corporation, association, or society engaged in a life and/or health accident and health insurance business which is in good standing and qualified to do business in any state or territory of the United States or the District of Columbia which subscribes to be a member of the Association at any time after the first annual meeting held on March 23, 1993.

The following company, firm or individual hereby applies for Regular Membership in the NALC as indicated below:

Date: \_\_\_\_\_

Primary Contact Person

Title

Name of Company

Address

E-mail Address

City

State

Zip Code

Toll-Free Phone #

Main or Direct Phone #

Fax #

The completion and accuracy of this form is essential, as the information listed will be reflected on the NALC mailing list. Our firm's toll free number is confidential and only accessible to the NALC staff.

REGULAR MEMBERSHIP DUES

Reinsurance companies will be charged at the current life member tiered rate, with a maximum total annual dues of \$6,000

Using information from previous year end annual report for all companies within an affiliated group:

- 1. Total Assets (all affiliated life/health companies) \$
2. Total Premiums (all affiliated life/health companies) \$
3. Total of lines 1 and 2 \$

Table with columns: Select One, IF LINE 3 IS: (a-k), DUES ARE: (1,700.00 to 14,900.00)

Enter Amount Remitted [ ]

See reverse side of this application for general mailing information.

**GENERAL MAILINGS**

Up to five people in the primary office are eligible to receive general mailings. More than five people may receive mailings for an additional charge of \$250.00 per person. Please do not list the primary contact person as they will receive mailings automatically. List below the names and addresses of other people who are to receive mailings. PLEASE INDICATE WHETHER EACH PERSON SHOULD RECEIVE PUBLICATIONS BY E-MAIL.

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<i>Primary Contact Person</i>		<i>Title</i>	
<i>Name of Company</i>		<i>E-mail Address</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Toll-Free Phone # (NALC staff use only)</i>	<i>Main or Direct Phone #</i>	<i>Fax #</i>	

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